


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/24/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445419	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2013
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NAME OF PROVIDER OR SUPPLIER OVERTON COUNTY NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 318 BILBREY STREET LIVINGSTON, TN 38570
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F 157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, facility policy review, and interview, the facility failed to notify the physician of a skin condition for</p>	F 157		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 10/3/13
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 157	<p>Continued From page 1</p> <p>one resident (#151) of thirty-one residents reviewed.</p> <p>The findings included:</p> <p>Resident #151 was admitted to the facility on August 26, 2013, with diagnoses including Ventricular Fibrillation, Ischemic Heart Disease, Atrial Fibrillation, Hypertension, Rheumatoid Arthritis, and Eosinophilia.</p> <p>Review of the facility form, Visual Observation, dated September 7, 2013, revealed "Resident has a sore on...head L (left) side of forehead..." Further review revealed a written notation of "Cream applied. Nurse Aware."</p> <p>Medical record review of the physician progress notes revealed no documentation of the skin condition identified on the September 7, 2013, Visual Observation form.</p> <p>Medical record review of the Skilled Daily Nurses Note dated September 7 through 17, 2013, revealed the "skin color normal" and the rest of the skin condition section was not completed other than "slight" pallor on September 15, 2013. Further review revealed no documentation of physician notification regarding the skin condition discovered on September 7, 2013.</p> <p>Medical record review of the Nurse's Note dated September 17, 2013, at 4:25 p.m., revealed "...0.75 cm (centimeters) x 0.5 cm rough area to forehead. Bed of area red et tanned edges. No drainage. No edema or redness to surrounding integument...MD (physician) notified..."</p> <p>Review of the facility document titled Weekly Skin</p>	F 157	<p>F 157 483.10(b)(11) Notify of Changes (Injury/Delirium/Room, Etc)</p> <p>Resident # 151</p> <p>1) On 9/17/13, the Charge Nurse assessed resident's skin condition and notified MD of lesion and request orders for treatment. Treatment orders were obtained from MD by Charge Nurse and were placed on treatment record after reviewing with wound care nurse on 9/17/13.</p> <p>On 9/24/13, the DON reviewed and revised policies and procedures that address the following:</p> <ul style="list-style-type: none"> (a) Guidelines for Notifying Physicians (b) Wound Care Protocol and Management (c) Skin Assessment (d) Documentation of findings <p>On 9/24/13, the DON conducted in-services for all nursing staff (RNs, LPNs, and CNAs) on new and revised policies concerning guidelines for notifying physician, Wound care and skin protocol and management, Conducting Skin Assessment, and Documentation.</p> <p>2) The DON and RN reviewed 100% of residents' skin assessment for accuracy by comparing completed assessment with their assessment of residents.</p> <p>There were no variances found on the assessment of other residents.</p>	10/01/13	

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F 157	<p>Continued From page 2</p> <p>Integrity Review dated September 7 and 14, 2013, revealed no documentation of the "...sore on...head L side of forehead..." identified on the September 7, 2013, Visual Observation form.</p> <p>Review of the facility policy titled Wound and Skin Management Protocols (undated), revealed "...Purpose: An easy reference is provided for the attending physician and nursing staff when a resident experiences a skin condition or wound...Standard: The attending physician prescribes skin and wound care treatment as indicated...Process: I Documentation...When skin conditions or wounds appear in a resident, the nurse should: a) Refer to wound care protocols to assist the attending physician in the determination of appropriate treatment regimen...c) The weekly Pressure Sore Tool should be completed weekly to provide information on the current condition of a wound...e) Nursing notes should include pertinent observations regarding the resident's skin or changes in condition..."</p> <p>Observation on September 16, 2013, at 2:41 p.m., and September 17, 2013, at 9:00 a.m., 12:00 p.m., and at 4:14 p.m., with Licensed Practical Nurse (LPN) #1 present, revealed the resident had a scabbed area on the left side of the forehead.</p> <p>Interview with LPN #1 on September 17, 2013, at 4:13 p.m., with the resident present, by the Wing 4 nursing station, confirmed the resident had a sore area on the left side of the forehead. Further interview confirmed the Nurse's Notes and the Skilled Daily Nurses Note from September 7 to 17, 2013, did not address the skin condition.</p>	F 157	<p>3) Beginning 10/1/13 the certified wound care nurses will do skin assessments on all new admissions to identify any skin lesions or wound problems. The wound care nurse will notify MD for treatment orders using the wound care protocols as guidelines. The wound care nurse will document findings on the skin assessment form and nurses note.</p> <p>The DON will monitor skin assessments daily beginning 10/1/13 by initialing skin assessment after reviewing for a time period of 3 months or until substantial compliance is achieved.</p> <p>The Charge nurses will conduct quarterly skin assessments for all residents except residents with wounds and those residents will be assessed by certified wound care nurses.</p> <p>Beginning 10/01/13 the Wound Care Nurse will report to the DON weekly on all skin assessments completed for new admissions, readmissions and other resident with wounds within the facility. This will continue for 3 months.</p> <p>4) Beginning 10/28/13 DON will report the monitoring outcomes of skin assessments to the quarterly QAPI Committee for 6 months. The next QAPI Committee meeting is 10/28/13. The Administrator will report to the Governing Body concerning these monitoring outcomes on a quarterly basis beginning 10/28/13.</p>		

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F 157	Continued From page 3 Interview on September 18, 2013, at 8:50 a.m., at the Wing 4 nursing station, with LPN #2 (Wound Nurse), revealed the nurses would report any skin concerns to the wound nurse for further assessment. Interview on September 18, 2013, at 9:35 a.m., at the Wing 4 nursing station, with the Director of Nursing, revealed the Certified Nurse Aides were to complete a Visual Observation form when bathing the resident. Further interview confirmed the Visual Observation form dated September 7, 2013, addressed a "...sore on...head L side of forehead..." Further interview confirmed there was no documentation the physician had been notified on September 7, 2013, regarding the skin condition.	F 157			
F 253 SS=D	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observation, and interview, the facility failed to maintain a safe and sanitary shower stall for one out of two showers in Wing III. The findings included: Observation on September 16, 2013, at 9:30 a.m., in the Wing III shower room, revealed cracked and loose tile proximate to the drain. Further observation revealed black debris on the shower walls and on the shower floor seams.	F 253	F 253 483.15(h)(2) Housekeeping & Maintenance Services 1) On 9/23/13, the Maintenance staff replaced the cracked and loose tile in the Wing II shower room. The Administrator verified the completion of the tile work on 9/26/13. On 9/19/13 the housekeeping supervisor and staff cleaned the shower walls and seams of the tile in Wing II shower room. The Administrator verified the completion of the tile work on 9/20/13. On 9/25/13, the housekeeping supervisor reviewed the policies and procedures that address the following: (a) Routine cleaning of rooms and bathrooms including terminal cleaning of bathrooms On 10/01/2013 and 10/02/2013, the housekeeping supervisor conducted in-services for all housekeeping staff concerning the cleaning policies. Any housekeeping staff not attending mandatory in-services will not be allowed to work until they have attended the in-services. 2) On 9/27/13, the Administrator and housekeeping supervisor inspected all bathrooms for cracked or loose tiles and/or dirty tiles. There were no variances found on the assessment of other residents.	10/02/13	

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F 253	Continued From page 4	F 253	3) Beginning 10/1/13 the housekeeping supervising will inspect weekly all bathrooms for needed repairs and proper cleaning. The housekeeping supervisor will document findings and report the findings to the Administrator and QAPI committee quarterly for a time period of 3 months.		
F 272 SS=D	<p>Interview with the Licensed Practical Nurse (LPN) #2, on September 16, 2013, at 9:40 a.m., in the Wing III shower room, confirmed the cracked and loose tile in the shower drain. Further interview with the LPN #2 confirmed the black debris on the shower walls and on the shower floor seams.</p> <p>Interview with Maintenance worker #1, on September 17, 2013, at 2:00 p.m., in the Wing III shower room confirmed the broken tile and the black debris around the seams of the shower stall.</p> <p>483.20(b)(1) COMPREHENSIVE ASSESSMENTS</p> <p>The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions;</p>	F 272	<p>4) Beginning 10/28/13 housekeeping supervisor will report the monitoring outcomes of bathrooms to the quarterly QAPI Committee for 3 months. The next QAPI Committee meeting is 10/28/13. The Administrator will report to the Governing Body concerning these monitoring outcomes on a quarterly basis beginning 10/28/13.</p>		

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F 272	<p>Continued From page 5</p> <p>Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on Minimum Data Set review, and interview, the facility failed to complete the comprehensive assessment for one resident (#151) of thirty-one residents reviewed.</p> <p>The findings included:</p> <p>Resident #151 was admitted to the facility on August 26, 2013, with diagnoses including Ventricular Fibrillation, Ischemic Heart Disease, Atrial Fibrillation, Hypertension, Rheumatoid Arthritis, and Eosinophilia.</p> <p>Review of the Minimum Data Set (MDS) information, and interview with the MDS Coordinator, on September 18, 2013, at 10:18 a.m., in the MDS office, revealed the facility process was to complete the admission comprehensive assessment with the 5 (five) day MDS. Further interview confirmed the Admission/5 day MDS had not been completed or</p>	F 272	<p>F 272 483.20(b)(1) Comprehensive Assessments</p> <p>Resident # 151</p> <p>1) On 9/19/13, the MDS Coordinator completed the Admission Comprehensive Assessment and transmitted on 9/27/.13.</p> <p>On 9/26/13 the Administrator replaced the Interim MDS Coordinator.</p> <p>2) On 9/24/13, the DON and MDS staff checked all residents for any outstanding MDS assessments. There were no variances found on the assessment of other residents.</p> <p>3) Beginning 10/1/13, the DON and Administrator will monitor all new admissions for timely completion and transmissions of MDS Assessments.</p> <p>4) Beginning 10/28/13 the DON will report the monitoring outcomes of MDS Assessments to the quarterly QAPI Committee for 6 months. The next QAPI Committee meeting is 10/28/13. The Administrator will report to the Governing Body concerning these monitoring outcomes on a quarterly basis beginning 10/28/13.</p>	10/01/13	

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F 272	Continued From page 6 submitted.	F 272			
F 281 SS=D	<p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, and interview, the facility failed to follow physician's orders for one resident (#25) of thirty-one residents reviewed.</p> <p>The findings included:</p> <p>Resident #25 was admitted to the facility on January 11, 2013, with diagnoses of Acute on Chronic Renal Failure, Dementia of Alzheimer's Type, Senile Onset with Psychosis, History of Depression with Behavioral Disturbance, Hydrocephalus and Anxiety State.</p> <p>Medical record review of a physician's order dated June 18, 2013, revealed "...D/C (Discontinue) Glucerna (Diabetic Nutritional Supplement) TID (Three Times a Day) d/to (Due To) wt (Weight) increase..."</p> <p>Interview with the Dietetic Technician on September 17, 2013, at 3:40 p.m., in the Wing I nurses' station revealed "...is receiving a can of Glucerna at HS (at night) for bedtime snack..."</p> <p>Interview with the Dietetic Technician and Registered Nurse #1 on September 17, 2013, at 4:00 p.m., at the Wing 1 nurses' station, confirmed</p>	F 281	<p>F 281 483.20(k)(3)(i) Services provided Meet Professional standards</p> <p>Resident # 25</p> <p>11) Upon being made aware of the error of providing a Glucerna shake at night which was discontinued by physician on 6/18/13, the DON notified the Dietary manager to stop sending Glucerna shake at night. The physician was notified of survey findings of providing Glucerna shake at night by DON on 9/17/13.</p> <p>2) On 9/24/13, the DON and Dietary manager checked all residents for any resident receiving Glucerna shakes that physician had discontinued. There were no variances found on the assessment of other residents.</p> <p>3) Beginning 10/1/13, the Dietary Manager will monitor all residents who are receiving Glucerna shakes to ensure physician orders are in place.</p>	10/01/13	

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F 281 F 371 SS=F	Continued From page 7 the resident had received the Glucerna without a physician's order. 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility dietary department failed to maintain and process dietary equipment in a sanitary manner. The findings included: Observation and interview on September 17, 2013, at 7:50 a.m., with the Dietary Manager present during the observation, confirmed the following: 1.) The can opener slot had an accumulation of blackened debris. 2.) The interior lid and extension arm of the tilt skillet had a very heavy accumulation of blackened debris. 3.) Two of two walk-in refrigerator condenser fan grates and ceiling areas had blackened debris present. 4.) The dietary staff member working the dirty side of the dish machine pushed dish racks	F 281 F 371	4) Beginning 10/28/13 the DON will report the monitoring outcomes of Glucerna shakes to the quarterly QAPI Committee for 3 months. The next QAPI Committee meeting is 10/28/13. The Administrator will report to the Governing Body concerning these monitoring outcomes on a quarterly basis beginning 10/28/13. F 371 483.35(i) Food Procure,Store/Prepare/Serve - Sanitary 1) Upon being made aware of not maintaining clean equipment and a proper dishwashing process in the dietary area, the Dietary Manager instructed staff to clean the can opener, interior lid of the tilt skillet, and walk-in refrigerator condenser fan. The dietary staff member observed by surveyor was in-serviced on proper loading of dirty pans and removing clean dishes without contaminating the clean dishes on 9/17/13 by the Dietary Manager. 2) On 9/17/13, the Dietary manager provided in- service to all staff on Kitchen Sanitation and terminal cleaning at end of day.	10/01/13	

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F 371	Continued From page 8 containing dirty pans into the dish machine. Further observation revealed the dirty dish racks came into direct contact with the clean dishes inside the machine in four observed cycles of the operation.	F 371	3) Beginning 10/1/13, the Dietary Manager will monitor the dietary department for proper cleaning on a daily basis for 3 months. The dietary manager will develop a monitoring form for staff to use to chart daily cleaning. The Dietary Manager will initial this form when cleaning has been checked.		10/1/13
F 372 SS=F	483.35(i)(3) DISPOSE GARBAGE & REFUSE PROPERLY The facility must dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to dispose of refuse properly. The findings included: Observation and interview on September 17, 2013, at 8:25 a.m., with the Dietary Manager and Dietary Technician present during the observation, confirmed the following: The facility had an exterior dumpster with three of three upper doors open. Continued observation revealed boxes and bagged refuse exposed in two of three open doors of the dumpster. Further observation revealed a facility housekeeper swinging two of two filled plastic refuse bags over the housekeeper's head in order to get the bagged refuse into the dumpster. Further observation revealed the housekeeper take a mop handle and push the bagged refuse and boxes away from two of three door openings. Further observation revealed two dietary staff members lifting numerous card board boxes over their heads into the dumpster. Further	F 372	4) Beginning 10/28/13 the Dietary Manager will report the monitoring outcomes of cleaning of equipment and sanitary dishwashing to the quarterly QAPI Committee for 3 months. The next QAPI Committee meeting is 10/28/13. The Administrator will report to the Governing Body concerning these monitoring outcomes on a quarterly basis beginning 10/28/13. F 372 483.35(i)(3) DISPOSE GARBAGE & REFUSE PROPERLY The facility must dispose of garbage and refuse properly. 1) Upon be made aware of the deficient practice on 9/17/13, the Dietary Manager immediately arranged the trash in the dumpsters so lid would close.		10/1/13

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NAME OF PROVIDER OR SUPPLIER OVERTON COUNTY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 318 BILBREY STREET LIVINGSTON, TN 38570		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 372	Continued From page 9 observation revealed the exterior rear door was unsecured. Interview with the Dietary Manager at that time confirmed the facility staff were able to walk into the dumpster to dispose of refuse from the unsecured rear door, and confirmed the facility failed to dispose of garbage and refuse properly.	F 372	<p>On 9/17/13 the Dietary Manager conducted one on one in-service with the staff taking trash out on 9/17/13 on the proper method of disposal of trash. On 9/17/2013 the Dietary Manager conducted a mandatory in-service for all Dietary staff concerning proper disposal of trash and closer of dumpster lid at all times.</p> <p>2) Beginning 9/23/13 the Dietary Manager created a check list for a daily check of the dumpster to ensure the lid is closed. This assignment will be given to one dietary staff on a weekly basis. Any improper disposal will be corrected immediately and reported to the Dietary Manager of findings.</p> <p>3) To ensure the deficient practice does not recur, the Dietary Manager will begin on 10/1/13 checking documentation daily for 4 weeks. If any errors or omissions are found or reported, the responsible staff member will be re-in-serviced and if continued deficient practice will be disciplined by the Dietary Manager.</p> <p>4) Beginning 10/28/13, the Dietary Manager will report monitoring outcomes quarterly to QAPI Committee. The next QAPI meeting is scheduled for 10/28/13. The Administrator will report outcomes at the next Governing Body meeting.</p>		